

**Arizona Department Of Education
Child And Adult Care Food Program Center Site Application
Fiscal Year 2009**

Sponsor Name

Site Name (if applicable)

Site Contact

Name _____

Title _____

E-Mail Address _____

Telephone (_____) _____ Fax (_____) _____

Physical Address

City & State _____ Zip Code _____

Mailing Address

City & State _____ Zip Code _____

General Information

Type of Center:

- ☐ Non-Profit or Public Center: Children or Adults
☐ For-Profit, Proprietary Title XIX Center: Adults only
☐ For-Profit, Proprietary Title XX Center: Children or Adults

Classification:

- ☐ CCC ☐ HS
☐ ADHC ☐ ES
☐ OSHC ☐ ARASS

Type of Site Approval:

- ☐ DHS License
☐ Tribal License or Approval
☐ Dept. Of Defense License
☐ Alternate Approval
☐ Exempt From Licensure Requirements

License Number:

Licensed Capacity:

License Expiration:

First Date of Operation*: ____/____/____
mm/dd/yy

Last Date of Operation:** ____/____/____
mm/dd/yy

Contract for Food Service?

☐ Yes ☐ No

* "First date of operation" is the date you will begin operating the CACFP, not to be dated before a new application is submitted.

** "Last date of operation" is the last date of the current fiscal year.

Number of Shifts for Each Meal Type

Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack	At-Risk After School Snack

At-Risk After School Snack Program Description

Name of public school used to determine eligibility: _____

Educational or Enrichment Activities in the After School Program: _____

Eligibility Begin Date: ____/____/____
mm/dd/yyEligibility End Date: ____/____/____
mm/dd/yy

I certify that the information on this application is true to the best of my knowledge. I agree to the terms and conditions as defined in the Food Service Agreement and understand that this information is being given in connection with Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.

Date_____
Printed Name of Authorized Signer_____
Authorized Signature